



Source: <http://www.medicinenet.com/script/main/art.asp?articlekey=40842>

Pain (Acute and Chronic)

"Nothing begins, and nothing ends,
That is not paid with moan;
For we are born in other's pain,
And perish in our own."
-- James Kenneth Stephen

Medical Author: William C. Shiel, Jr., MD, FACP, FACR

Medical Editor: Melissa Conrad Stöppler, MD

Pain is an unpleasant sensation in animals that is caused by actual or perceived injury to body tissues and produces physical and emotional reactions. Presumably, pain sensation has evolved to protect our bodies from harm by causing us to perform certain actions and avoid others. Pain might be called a protector, a predictor, or simply a hassle. In this article, I will discuss some basic concepts of pain.

We all experience pain to greater or lesser degrees at various points of our lives. It is said that pain is the most common reason patients seek medical attention. But, each of us perceives a given pain stimulus in our own unique manner. The intensity of the response to a pain stimulus is largely subjective, meaning the severity of the pain can most accurately be defined by the person with the pain, rather than by other observers.

Our individual pain perception can vary at different times, even in response to the identical stimulus. For example, an athlete during competition may not be able to feel the tissue injury of a cut or a bruise until the competition has finished. We may feel more or less pain depending on our mood, sleep pattern, hunger, or activity.

Pain is typically classified as either acute or chronic. Acute pain is of sudden onset and is usually the result of a clearly defined cause such as an injury. Acute pain resolves with the healing of its underlying cause. Chronic pain persists for weeks or months and is usually associated with an underlying condition, such as arthritis. The severity of chronic pain can be mild, moderate, or severe.

The treatment of pain depends on its cause and the overall health of the individual affected. The primary goal of pain treatment is to return the patient to optimal function. Treatments of pain can be classified as either non-medical or medical.

Non-medical treatment options for various forms of pain include observation, rest,

stretching, exercise, weight reduction, heat or ice applications, and various alternative treatments including acupuncture, chiropractic, massage, manipulation, electrical stimulation, biofeedback, hypnosis, and surgical procedures.

Medical treatments include three basic drug forms to treat pain (analgesics): Non-opioid drugs, opioid drugs, and drugs that are used to complement other analgesics (adjuvant drugs).

- **Non-opioid drugs** include acetaminophen (Tylenol and others), aspirin, and nonsteroidal antiinflammatory drugs (NSAIDs, such as ibuprofen/Motrin/Advil, naproxen/Aleve).
- **Opioid drugs** include tramadol (Ultracet, Ultram), morphine, hydromorphone (Dilaudid and others), codeine (Tylenol #3 and others), hydrocodone (Vicodin, Lortab), methadone, meperidine (Demerol), pentazocine (Talwin), propoxyphene (Darvon), and butorphanol (Stadol).
- **Adjuvant drugs** are often used for other purposes, but can also be very effective in the treatment of pain. Examples of adjuvant pain medications include muscle relaxants, antidepressant medications (such as amitriptyline/Elavil or duloxetine/Cymbalta), anti-seizure medications (such as carbamazepine/Tegretol, gabapentin/Neurontin), topical anesthetic sprays, pain patches (Lidoderm and others), and nerve blocks with anesthetics.

Even caffeine has been used to enhance the pain-relieving effect of aspirin and acetaminophen. No single medication has been found to be appropriate for all forms of pain.

Finally, various combinations of many of the above have been used to successfully treat pain. For example, ice applications might be combined with a muscle relaxant and a non-opioid pain reliever to treat a specific type of back pain. Moreover, combining various analgesic medications can have additive effects that further reduce suffering. New treatments are on the horizon, but the key to optimal pain management will always be clear communication between the doctor and the patient.

REFERENCE: MedscapeReference. Chronic Pain Syndrome.

Medically Reviewed by a Doctor on 12/1/2014

© 2015 MedicineNet, Inc. All rights reserved.

MedicineNet does not provide medical advice, diagnosis or treatment.

[See additional information](#)